

## Form CPF M 102: Campaign Finance Report

Municipal Form
Office of Campaign and Political Finance RECEIVED

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Bile with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:  Beginning Date: 04/21/8 Ending Date: 04/21/8							
Type of Report: (Check one)							
8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution							
Judith S. "Judy" Sneath  Candidate Full Name (if applicable)  Planning Board Seatin Torn of Hingham  Office Sought and District  89 North St. Hingham MA 02043  Residential Address  E-mail: JSS neath @ hotmail: com  Phone # (optional):  Committee to Elect Judy Sneath  Committee Name  Toh. Sneath  Name of Committee Treasurer  89 North St. Hingham, MA 02043  Committee Mailing Address  E-mail: John. Sneath @ hother home care. com  Phone # (optional):							
SUMMARY BALANCE INFORMATION:							
Line 1: Ending Balance from previous report 482.50							
Line 2: Total receipts this period (page 3, line 11)							
Line 3: Subtotal (line 1 plus line 2) 582,50							
Line 4: Total expenditures this period (page 5, line 14)  582.50							
Line 5: Ending Balance (line 3 minus line 4)							
Line 6: Total in-kind contributions this period (page 6)							
Line 7: Total (all) outstanding liabilities (page 7)							
Line 8: Name of bank(s) used: TD Bank, Anghorn Sluggard							
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.  Signed under the penalties of perjury:  (Treasurer's signature)  Date:							
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)							
Candidate with Committee and no activity independent of the committee  I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.							
Candidate without Committee OR Candidate with independent activity filing separate report  I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.							
igned under the penalties of perjury:(Candidate's signature) Date:							

## **SCHEDULE A: RECEIPTS**

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

	report all receipts. Please include your committee name and a page number on each page.)  Name and Residential Address  Occupation & Employer						
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)				
Date Received		·	(101 CORE IDUCIOUS OF \$200 OF INOTE)				
411-	Joan & Charles Chi Hick 50 Kimball Black Rd; Higham 2043	100.					
4/22/18	50 Kinhald Brack Rd. Harlam 2043						
	or Mintell Booking in						
		<u>L</u>					
		·					
<u> </u>		<u> </u>					
	1						
·							
Line 9: Total Recei	pts over \$50 (or listed above)	100.					
	F	100.					
Line 10; Total Rece	ipts \$50 and under* (not listed above)						
	Y (-101 101 101 101 101 101 101 101 101 101						
Line 11: TOTAL RECEIPTS IN THE PERIOD			← Enter on page 1, line 2				
		d include only those receipts not itemized shows					

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

## **SCHEDULE B: EXPENDITURES**

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

report all expenditures. Please include your committee name and a page number on each page.)						
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount		
1 4/20/2	ARTWORX	83 E. Water St.	Rorder	225 -		
4/20/18	TOTAL GRAPHICS	Rockland MA 02370	Campaign Sign	235-		
5/10/	Judy Sneath	89 North St	Reinburgeman	346 <sup>SD</sup>		
5/18/18	(Form CPF R: ) attacked	Hingliam MA 02043	Reinbursement campaign expense FORM CPF RI attacked	346		
	·					
Line 12: Total Expenditures over \$50 (or listed above)			58150			
		Line 13: Total Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE PERIOD				582.50		
If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized						

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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## Form CPF R 1: Itemization of Reimbursements Office of Campaign and Political Finance

Office of Campaign and Political Finance One Ashburton Place, Room 411 Boston, MA 02108 (617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement: 5/18/18						
Name of Individual Being Reimbursed: Judy SNEATH						
Committee Name: COMMITTEE TO ELECT JUDY SNEATH						
CPF ID Number	CPF ID Number (if applicable):  Telephone Number (optional):					
	ITEMIZ	ZE EXPENDITURES IN EXCESS	6 OF \$50			
Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount		
4/13/18	WESTON GRAPHICS	45 Industrial Pack Road Hingham MA 62043	postcards; supplies fraisplay	78,73		
4/30/18	CAFPE TOSCA	15 North Street Hugham MA 02049	Food - pollworker party	52.97		
4/30/18	Hugtom Lauous	118 North St Hinghorn Mt 02043	Bler soda - pollwoher proto	73."		
(Include items listed on Page 2) → Line 1: Expenditures in excess of \$50 (itemized above):						
Line 2: Expenditures \$50 or under (not itemized): 141.6						
Line 3: TOTAL AMOUNT REIMBURSED: 346.5						
Signed under the penalties of perjury:  Date: 5/18/18						
Signature of Candidate / Treasurer						
Please prepare a separate report for each reimbursement check issued by the committee.						